

Date Correction Plan Due 7/11/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Hudson Ymca Childcare		Provider Number / Facility ID Number 5000557245 / 001 - 520531		
Address - Facility (Street, City, State, Zip Code) 2211 Vine St Hudson WI 54016		Telephone Number 612-465-0503	Date - Regulation Visit 6/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(c) Report - Change In Administrator Or Center Director Description: Contrary to DCF 251.04(3)(c), the Licensee failed to notify the department of a new director and administrator within 30 days after the change. The previous director/administrator left in February 2025.	Cassie sent new administrator information to Wisconsin licensor to be corrected on website. Future administrator change requirements added to checklist for our hiring.	6/16/25	
2	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Staff D, and E are working as qualified assistant teachers and teachers and are missing documentation of meeting the educational qualifications of the positions they hold.	Requested transcripts from all staff noted and adjusted roles for those that did not meet qualifications. We will be updating the job description to specify the specific requirements needed to perform the job role.	6/16/25 7/18/25	

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3	251.05(2)(a)5. Staff Record - High School Diploma Description: Staff E, a teacher, did not have documentation of a high school diploma or its equivalent in her staff record file.	Requested transcripts from staff noted. We will be updating the job description to specify the specific requirements needed to perform the job role.	6/16/25 7/18/25	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. One child's written authorization for medication that was on the premises was dated 2025 - 2026.	Requested parents to fill in specific date information for medication that was prescribed. During training we will use examples and non-examples to show how specific paperwork should be completed to be in compliance.	6/16/25 8/15/25 (next round of trainings)	
5	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: On file for a child was a blanket medical authorization for Ibuprofen that exceeded the length of time specified on the label. Blanket authorizations are prohibited when they exceed the length of time specified on the label.	Medication was sent home with parents. We will provide parents with the policy in welcome emails for future requests for a blanket authorization of OTC medication.	6/16/25 8/15/25 (next round of trainings)	

NAME - Agency Worker
Wendy Badzinski

Date Issued
6/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed